

# Work Order ID 135943

Tuesday, August 25, 2015 1:02:00 PM

**\*135943\***

Page 1

Item ID: D2586 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Door Latch  
 Start Date: 8/25/2015 Start Qty: 25.00 **\*25\*** Cust Item ID:  
 Required Date: 8/25/2015 Req'd Qty: 25.00 **\*25\*** Customer:  
 Reference:

Approvals: Process Plan: MCS Date: AUG 25 2015 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                            | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-----------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                                 |                      |         |        |              |               |               |                  |                |
| D2586                          | Rev E                                               |                      |         |        |              |               |               |                  |                |
| 100                            | PURCHASING                                          | 0.00                 |         |        |              |               |               |                  |                |
| <b>*100*</b>                   |                                                     |                      |         |        |              |               |               |                  |                |
| Purchasing                     | Memo                                                | 0.00                 |         |        |              |               |               |                  |                |
| Purchasing                     | Issue P/O: <u>29609</u>                             |                      |         |        |              |               |               |                  |                |
|                                | Possible Supplier: Southco, P/N: C2-32-25 TCH Sales |                      |         |        |              |               |               |                  |                |
|                                | Certification Required                              |                      |         |        |              |               |               |                  |                |
| 110                            | Receive & Inspect for Damage & Mat'l Certs          | 0.00                 |         |        |              |               |               |                  |                |
| <b>*110*</b>                   |                                                     |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                | 0.01                 |         |        |              |               |               |                  |                |
| Packaging                      | 1-Attach certification                              |                      |         |        |              |               |               |                  |                |
|                                | 2-Keep Key with latch                               |                      |         |        |              |               |               |                  |                |
| 120                            | QC5- Inspect part completeness to step on W/O       | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   |                                                     |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                | 0.01                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                     |                      |         |        |              |               |               |                  |                |

C2 AUG 26 2015 25

AUG 31 2015 25 DAS  
6  
9-89

(25) DAS  
38  
9-89  
 SEP 01 2015

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="width:15%;">Skid-tube <input type="checkbox"/></td> <td style="width:15%;">Cross tube <input type="checkbox"/></td> <td style="width:15%;">Water Jet <input type="checkbox"/></td> <td style="width:15%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                                            |                                                 |                                               | Skid-tube <input type="checkbox"/>        | Cross tube <input type="checkbox"/>       | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/>            | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/>    | Rec/Store/Packaging <input type="checkbox"/>   | Other <input type="checkbox"/>     | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/>            | Supplier <input type="checkbox"/>      |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |  |  |  |  |                                        |                                   |  |  |  |  |                                        |  |  |  |
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| <b>Root Cause</b><br><table style="width:100%; border: none;"> <tr> <td style="width:15%;">Environment <input type="checkbox"/></td> <td style="width:15%;">No Re-verification <input type="checkbox"/></td> <td style="width:15%;">Pressure/Forced <input type="checkbox"/></td> <td style="width:15%;">Temperature/Cure <input type="checkbox"/></td> <td style="width:15%;">Power Loss/Surge <input type="checkbox"/></td> <td style="width:15%;">Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td>Design <input type="checkbox"/></td> <td>Operator <input type="checkbox"/></td> <td>Bending <input type="checkbox"/></td> <td>Set-up <input type="checkbox"/></td> <td>Folio/Program <input type="checkbox"/></td> <td>Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td>Doc/Data <input type="checkbox"/></td> <td>Offset/Setup <input type="checkbox"/></td> <td>Centre Not Concentric <input type="checkbox"/></td> <td>BOM/Route <input type="checkbox"/></td> <td>Grain <input type="checkbox"/></td> <td>Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td>Cracks <input type="checkbox"/></td> <td>Broken/Damage/Defect <input type="checkbox"/></td> <td>Weld <input type="checkbox"/></td> <td>Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre <input type="checkbox"/></td> <td>Training <input type="checkbox"/></td> <td>Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> <td>Inspection Incomplete/Unqualified <input type="checkbox"/></td> <td>Wrong Stock Pulled <input type="checkbox"/></td> <td>Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td>Material <input type="checkbox"/></td> <td>Use for Testing <input type="checkbox"/></td> <td>Cuffs <input type="checkbox"/></td> <td>Contamination <input type="checkbox"/></td> <td>Out of Sequence <input type="checkbox"/></td> <td>Part Moved <input type="checkbox"/></td> </tr> <tr> <td>Internal Transport <input type="checkbox"/></td> <td>Poor Information <input type="checkbox"/></td> <td>Crushing <input type="checkbox"/></td> <td>Countersink <input type="checkbox"/></td> <td>Off-set <input type="checkbox"/></td> <td>Drawing <input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge <input type="checkbox"/></td> <td>Rushing <input type="checkbox"/></td> <td>Heat Treat <input type="checkbox"/></td> <td>Cut Too Short <input type="checkbox"/></td> <td>Mislabeled <input type="checkbox"/></td> <td>Finish <input type="checkbox"/></td> </tr> <tr> <td>LOA <input type="checkbox"/></td> <td>Product Improvement <input type="checkbox"/></td> <td>Wave/Twist in Tube <input type="checkbox"/></td> <td>Instructions Incomplete/Unclear <input type="checkbox"/></td> <td>Fit/Function <input type="checkbox"/></td> <td>Misread <input type="checkbox"/></td> </tr> <tr> <td>Substation <input type="checkbox"/></td> <td>Process Improvement <input type="checkbox"/></td> <td>Marks/Chatter <input type="checkbox"/></td> <td>Drill Holes <input type="checkbox"/></td> <td>Misaligned/off center <input type="checkbox"/></td> <td>Turning Sequence <input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date <input type="checkbox"/></td> <td>Manufacturing Process <input type="checkbox"/></td> <td colspan="4"></td> </tr> <tr> <td>Misidentified <input type="checkbox"/></td> <td>Past Due <input type="checkbox"/></td> <td colspan="4"></td> </tr> </table> |                                                                                                                                                                                    | Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No Re-verification <input type="checkbox"/>                | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>     | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/>    | Operator <input type="checkbox"/>    | Bending <input type="checkbox"/>   | Set-up <input type="checkbox"/>    | Folio/Program <input type="checkbox"/>     | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/>      | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/>     | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> |  |  |  |  | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> |  |  |  |  | <b>FAULT CATEGORY</b><br>OTHER : _____ |  |  |  |
| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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   |                                        |                                       |                                                |                                    |                                    |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     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| Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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   |                                        |                                       |                                                |                                    |                                    |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     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| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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   |                                        |                                       |                                                |                                    |                                    |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     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| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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   |                                        |                                       |                                                |                                    |                                    |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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   |                                        |                                       |                                                |                                    |                                    |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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   |                                        |                                       |                                                |                                    |                                    |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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   |                                        |                                       |                                                |                                    |                                    |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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   |                                        |                                       |                                                |                                    |                                    |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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   |                                        |                                       |                                                |                                    |                                    |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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   |                                        |                                       |                                                |                                    |                                    |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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# Work Order ID 135943

**\*135943\***

Page 2

Tuesday, August 25, 2015 1:02:00 PM

Item ID: D2586 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Door Latch  
 Start Date: 8/25/2015 Start Qty: 25.00 **\*25\*** Cust Item ID:  
 Required Date: 8/25/2015 Req'd Qty: 25.00 **\*25\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                        | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp           |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|--------------------------|
| 130                            |                                                                                                                 | 0.00                 |         |        |              |               |               |                  |                          |
| <b>*130*</b>                   | Small Fab                                                                                                       |                      |         |        |              | 25            | FF            | SEP 01 2015      |                          |
| Small Fab                      | Memo                                                                                                            | 0.01                 |         |        |              |               |               |                  |                          |
| Small Fab                      | 1-Drill Hole to 0.191"<br>2-Counterface as per Dwg D2586<br>3-Assemble Lock Nut to Hinge. Leave Latch Unlocked. |                      |         |        |              |               |               |                  |                          |
| 140                            |                                                                                                                 | 0.00                 |         |        |              |               |               |                  |                          |
| <b>*140*</b>                   | QC5- Inspect part completeness to step on W/O                                                                   |                      |         |        |              |               |               |                  |                          |
| QC                             | Memo                                                                                                            | 0.01                 |         |        |              |               |               |                  | DAS<br>38<br>SEP 02 2015 |
| Quality Control                |                                                                                                                 |                      |         |        |              |               |               |                  |                          |
| 150                            |                                                                                                                 | 0.00                 |         |        |              |               |               |                  |                          |
| <b>*150*</b>                   | Identify as per dwg & Stock Location: <u>57402</u>                                                              |                      |         |        |              |               |               |                  |                          |
| Packaging                      | Memo                                                                                                            | 0.00                 |         |        |              |               |               |                  | DS<br>27<br>SEP 09 2015  |
| Packaging                      | ***Ensure key is bag with latch***                                                                              |                      |         |        |              |               |               |                  |                          |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                           |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Completed By                                 |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabelled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |  |

Work Order ID 135943

\*135943\*

Page 3

Tuesday, August 25, 2015 1:02:00 PM

Item ID: D2586 Accept \*N900040100\* Setup Start \*NS1\*  
Revision ID: Stop \*NS2\*  
Item Name: Door Latch  
Start Date: 8/25/2015 Start Qty: 25.00 \*25\* Cust Item ID:  
Required Date: 8/25/2015 Req'd Qty: 25.00 \*25\* Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                    | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 160                            | QC21- Final Inspection - Work Order Release | 0.00                 |         |        |              |               |               |                  |                |
| *160*                          |                                             |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                        | 0.04                 |         |        |              |               |               |                  |                |
| Quality Control                |                                             |                      |         |        |              |               |               |                  |                |

SD 20150903

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                              |  |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Completed By                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | QC / QA Coordinator Approval                 |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |

# Picklist Print

Tuesday, August 25, 2015 1:02:05 PM

Page 1

Work Order ID: 135943

**\*135943\***

Parent Item: D2586

**\*D2586\***

Parent Item Name: Door Latch

Start Date: 8/25/2015

Required Date: 8/25/2015

Start Qty: 25.00

Required Qty: 25.00

Comments: IPP E02.01.31Added Inspect level 21NG IPP RevF: add not to keep key with latch DD 10.02.10 verified by:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status   |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|----------|
| C23225                          |                        | Purchased     | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 25           |               |                |          |
| <b>*C23225*</b>                 |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               | AUG 31 2015    | DAS<br>6 |
| DOOR LATCH                      |                        |               |             |                     |                  |                 |                    |                |             |              |               |                | 9-89     |
| D3015-7                         |                        | Manufactured  | No          |                     |                  | 130             | Each               | 10.0000        | 1           | 25           |               |                |          |
| <b>*D3015-7*</b>                |                        |               |             |                     |                  |                 |                    |                | <b>**</b>   |              |               | FF SEP 01 2015 |          |
| Lock Nut                        |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |          |

Location

ST015

134763  
128856

Loc Qty

10

10

Loc Code

25

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | MRB (QS1042) Approval                        |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | Lead hand / Supervisor Approval Verification |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | QC / QA Coordinator Approval                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |



8

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6

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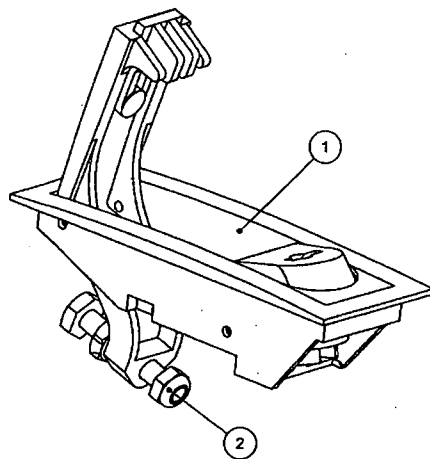
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3

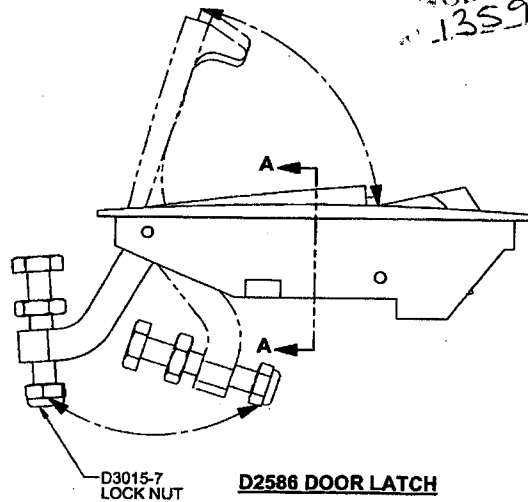
2

1

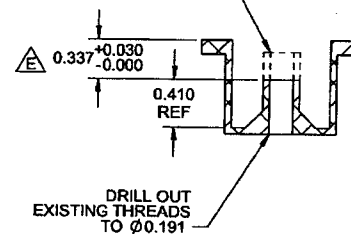
| ITEM | QTY   | P/N      | DESCRIPTION    |
|------|-------|----------|----------------|
|      | D2586 |          |                |
|      | X     | D2586    | LATCH ASSEMBLY |
| 1    | 1     | C2-32-25 | LATCH          |
| 2    | 1     | D3015-7  | LOCK NUT       |



THIS COPY  
RETURN TO  
ENGINEERING  
FOR CONTROLLED COPY  
SUBJECT TO FUNDAMENT  
WITHOUT NOTICE  
WORK ORDER  
135943-ML3  
1508-25



CBORE TOP TO  
REMOVE MATERIAL FROM  
EXISTING BOSS



SECTION A-A

RELEASED  
2011-07-04

# NOTES:

- 1) MATERIAL: PURCHASE FROM SOUTHCO
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 0.15 lbs APPROX

|            |                                                                 |                                                                                                                                                                                                                                                                                 |              |
|------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| E          | REFORMAT. ZONE B3 UPDATED DIMENSIONS FOR CBORE. (SEE CAR 11-32) | AJS                                                                                                                                                                                                                                                                             | 11.06.13     |
| D          | ADD 3015-7 P/N; UPDATE DRAWING                                  | CB                                                                                                                                                                                                                                                                              | 06.10.19     |
| C          | REVISED CBORE DEPTH                                             | KE                                                                                                                                                                                                                                                                              | 97.09.03     |
| B          | CHANGED CBORE DEPTH                                             | KE                                                                                                                                                                                                                                                                              | 97.07.23     |
| A          | NEW ISSUE                                                       | KE                                                                                                                                                                                                                                                                              | 96.07.15     |
| REV.       | DESCRIPTION                                                     | BY                                                                                                                                                                                                                                                                              | DATE         |
| DESIGN     | KE                                                              | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                               |              |
| DRAWN      | AJS                                                             |                                                                                                                                                                                                                                                                                 |              |
| CHECKED    |                                                                 | DRAWING NO.                                                                                                                                                                                                                                                                     | REV. E       |
| MFG. APPR. |                                                                 | D2586                                                                                                                                                                                                                                                                           | SHEET 1 OF 1 |
| APPROVED   |                                                                 | TITLE                                                                                                                                                                                                                                                                           | SCALE        |
| DE APPR.   |                                                                 | DOOR LATCH                                                                                                                                                                                                                                                                      | NTS          |
| DATE       | 11.06.13                                                        | COPYRIGHT © 1996 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COPIED OR REPRODUCED IN ANY FORM OR BY ANY MEANS WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|--------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|-----------------------------------|----------------------------------------------|---------------------------------|----------------------------------------|---------------------------------------------|-----------------------------------|---------------------------------------|------------------------------------------------|------------------------------------|--------------------------------|-----------------------------------------------|----------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------|--------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|----------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|---------------------------------|------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------------|---------------|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | MRB (QSI042) Approval             |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   | Lead hand / Supervisor Approval Verification |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   | QC / QA Coordinator Approval                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO29609**

Purchase Order Date 8/26/2015 2:53:57 PM

PO Print Date 8/26/2015

Page Number 1 of 1

Order From :  
TCH SALES INC.  
C/O TH1212  
PO BOX 4290 STN A  
TORONTO, ON M5W 0E1  
CA

VC-TCH001

Ship To : DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Contact Name  
Vendor Phone 416 299 0089  
  
Ship To Contact  
Ship To Phone  
Ship Via: FedEx Intl Economy  
Ship Acct:

Buyer  
Customer POID  
Customer Tax # 10127-2607  
Terms Net 30  
Currency CAD  
FOB FCA - (Free Carrier)

| Line Nbr    | Reference<br>Vendor Part Number<br>Line Comments<br>Delivery Comments                                                                                                                                                                                    | Description/<br>Mfg ID         | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price | Extended<br>Price |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|----|--------------------------------|---------------|-------------------|
| 1           | C23225<br><br>AS PER DWG D2586 REV. E<br>B135943                                                                                                                                                                                                         | DOOR LATCH                     | 8/31/2015<br>Yes<br>8/31/2015        |    | 25.00<br>Each                  | \$18.50       | \$462.50          |
| Line Total: |                                                                                                                                                                                                                                                          |                                |                                      |    |                                |               | \$462.50          |
| 2           | 71401-45<br><br>PROCUREMENT QUALITY CLAUSES<br>A005 RIGHT OF ENTRY<br>A016 PERSONNEL QUALIFICATION<br>A025 CERTIFICATE OF CONFORMANCE<br>A040 NOTIFICATION OF QUALITY ESCAPE<br>A042 DART NOTIFICATION BY SUPPLIER<br>A043 RETENTION OF QUALITY DOCUMENT | PROCUREMENT<br>QUALITY CLAUSES | 8/31/2015<br>No<br>8/31/2015         |    | 1.00<br>15/8/31<br>SP          | \$0.00        | \$0.00            |
| Line Total: |                                                                                                                                                                                                                                                          |                                |                                      |    |                                |               | \$0.00            |
| PO Total:   |                                                                                                                                                                                                                                                          |                                |                                      |    |                                |               | \$462.50          |

Note: Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

Change Nbr: 1

Change Date: 8/26/2015

T.C.H. Sales Inc.  
 40 Emblem Court  
 Toronto, Ontario M1S 1B1  
 Phone: 1-800-465-6281  
 Fax : 1-855-299-3214  
 Web : www.tchweb.com



# ORDER CONFIRMATION

Printed: 08/27/15 09:40

|                                                                                 |  |              |
|---------------------------------------------------------------------------------|--|--------------|
| DART AEROSPACE LTD.<br>1270 ABERDEEN STREET<br>HAWKESBURY, ON K6A 1K7<br>CANADA |  | CUST#: 22428 |
|---------------------------------------------------------------------------------|--|--------------|

|                 |
|-----------------|
| ANN GAGNON / T1 |
| 08/27/15        |
| SEE BELOW       |
| 1 of 1          |
| 145892          |

|                                                                                 |  |              |
|---------------------------------------------------------------------------------|--|--------------|
| DART AEROSPACE LTD.<br>1270 ABERDEEN STREET<br>HAWKESBURY, ON K6A 1K7<br>CANADA |  | CUST#: 22428 |
|---------------------------------------------------------------------------------|--|--------------|

|                     |
|---------------------|
| PO29609             |
| 30                  |
| COLLFEDERAL EXPRESS |
| CDN Dollar          |
| 613-632-1053        |

|   |        |                                    |       |    |  |          |       |        |
|---|--------|------------------------------------|-------|----|--|----------|-------|--------|
| 1 | C23225 | DOOR LATCH                         | 25 EA | 25 |  | 08/27/15 | 18.50 | 462.50 |
|   |        | Order Total                        |       |    |  |          |       | =====  |
|   |        | ** Freight & Taxes Not Included ** |       |    |  |          |       | 462.50 |
|   |        |                                    |       |    |  |          |       | CND    |

If You Have Any Questions Regarding This Order, Please Contact Customer Service  
 THANK YOU FOR YOUR BUSINESS!

**I.C.H. Sales Inc.**  
40 Emblem Court  
Toronto, Ontario M1S 1B1  
Phone: 1-800-465-6281  
Fax: 1-855-299-3214



**PACKING SLIP**

|          |            |
|----------|------------|
| VENDOR # |            |
| DUNS #   | 242445328  |
| TAX #    | R105150197 |

145892

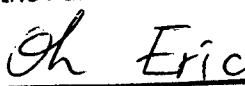
| CUSTOMER<br>NUMERO DU CLIENT | STORE NUMBER<br>NUMERO MARCHE | DEPARTMENT<br>DIVISION | CUSTOMER PO<br>COMMANDE DU CLIENT | ORDER<br>COMMANDE | PACK NUMBER<br>BOI DE LIVRAISON | BOL NUMBER<br>BOL NUMBER | PICK #<br>NUMERO PICK | A/R TERMS<br>A/R TERMES | PAGE<br>PAGE |
|------------------------------|-------------------------------|------------------------|-----------------------------------|-------------------|---------------------------------|--------------------------|-----------------------|-------------------------|--------------|
| 22428                        |                               |                        | PO29609                           | 145892            | 172030                          |                          | 192271                | 30                      | 1            |

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HAWKESBURY ON K6A 1K7

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DART AEROSPACE LTD.  
1270 ABERDEEN STREET  
HAWKESBURY ON K6A 1K7  
CAN

TEL: 613-632-9577

| SHIP TERM<br>CODE DE TRANSIT | SHIP VIA<br>TRANSITAIRE | TRACER<br>NUMERO DE TRACER | PACK DATE<br>DATE DE PACK | CANCEL DATE<br>DATE DE CANCEL | PCS<br>PCS | WEIGHT<br>POIDS | MEMO<br>MESSAGES DIVERS |
|------------------------------|-------------------------|----------------------------|---------------------------|-------------------------------|------------|-----------------|-------------------------|
| COLL                         | FedEx Priority          | 7210 2347 5155             | 08/27/15                  | 12/31/16                      | 1          | 13              |                         |

| PRODUCT CODE<br>CODE DU PRODUIT | DESCRIPTION<br>DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                         | ORDERED<br>COMMANDEE | SHIPPED<br>EXPIDIEE | BACK ORDERED<br>NON EXPIDIEE |                                     |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|------------------------------|-------------------------------------|
| C23225                          | BLK LEV LATCH RAISED TRIG W/LK<br>C2-32-25<br>DOOR LATCH<br><br><b>CERTIFICATE OF COMPLIANCE</b><br>This is to certify that the items identified<br>herein have been produced in<br>accordance with applicable instructions,<br>specifications, drawings approved<br>samples and/or other descriptions set<br>forth in the Purchase Order.<br><br><br>Signature | 25                   | 25<br>15/8/31       | 0                            | C.O.O.<br>USA<br><br>RoHS Compliant |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 25                   | 25                  | 0                            |                                     |

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**Conditions Of Sale:**

All shipments FOB Scarborough, Ontario.  
All returns are subject to a 15% handling charge and must be authorized.  
All claims and discrepancies must be reported within 7 days.  
We have the right to charge collection and attorney's fees of 25% and  
interest of 2% per month (or 24% per annum) on all overdue accounts.

**Conditions De Vente:**

Tous les retours de marchandises sont soumis a des frais de manutention de 15% et a l'autorisation.  
Veuillez signaler toutes les anomalies ou irregularites dans les sept jours.  
Nous avons le droit d'imposer dans frais de recouvrement et de procedure d'au 25%, ainsi qu'un interet de 2%  
par mois (ou 24% par an) sur tous les comptes en souffrance.  
Les biens faisant l'objet de la presente facture demeurent la propriete du vendeur jusqu'a parfait paiement